Program Rules and Expectations

CHAPTER

Program Rules and Expectations

By Sally Erickson and Jaimie Page

Rules in Safe Havens promote transition, safety, cleanliness, and privacy. Most Safe Haven residents have been unable to adhere to the strict rules of shelters and in other housing settings. Rules should not set up residents for failure and should be presented in a manner that is least intrusive and punitive. Safe Havens vary in size, scope of service, functioning level of clients, and access to available services in the community. Rules will reflect the individual Safe Haven and the community in which it exists. Generally, the fewer and simpler the rules, the better for the residents and for the program.

Five Principles of Effective Rules

1. Rules should reward positive behavior.
2. Consequences should be explained and enforceable.
3. Rules should relate to living situations.
4. Rules provide opportunities for engagement.
5. Rules provide a safety net for residents.

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1. Rules should reward positive behavior. Whenever possible, Safe Havens should reward residents for positive behavior rather than punish for negative behavior. The use of rewards promotes an overall engagement strategy that has proven to be more successful than the use of punitive measures. For example, staff can reward a resident with poor grooming habits for attempts to improve hygiene with a manicure, gift certificate, or simply offer positive feedback when she does shower and change clothes, rather than deny her services because she is malodorous. This resident would probably seek services elsewhere – or not at all – if treated punitively.

2. Consequences should be explained and enforceable. If a consequence for inappropriate behavior is needed, it should be one that the resident might expect ahead of time and it should be enforceable. Consequences should generally be relatively minor for the first infraction, with more serious consequences for additional infractions. For example, if a resident aggressively tries to promote substance use among other residents, staff might ask the resident to leave the building for a period of time. Staff might help the resident gain insight into harmful effects of drugs to himself and others. Staff might also require that this resident not communicate with particularly vulnerable residents. Over time, the program might require participation in appropriate substance abuse treatment for the resident to continue to stay at the Safe Haven. If the resident continues to pose a threat to other residents after a series of interventions, he will usually be asked to leave permanently, with services and referrals offered at a different location or program. The extent to which Safe Havens are willing to try different interventions to alleviate behavioral problems varies from program to program.

3. Rules should relate to future living situations. House rules should be tied to the behaviors that future housemates or landlords might expect. Safe Havens can use rules to instill hope for and progression toward more independent living. For example, if residents squabble over the television channel selection or dining room seating arrangements, staff can assist them to use communication and problem-solving skills to resolve the issues. Staff can use these opportunities to point out that problems may occur in the future and residents will need to learn ways to resolve them. The program should provide residents with the opportunity to deal with issues themselves whenever possible.

4. Rules provide opportunities for engagement. Safe Havens can use rules to facilitate discussions with residents around issues of safety, cleanliness, and privacy. Every interaction with residents provides an opportunity for engagement and teaching. Programs can emphasize harm reduction rather than strict adherence to a behavioral expectation. This approach will enable staff to teach about safe sex, substance use, and similar issues. For example, if a resident is found in another resident's room in a sexual situation, staff can use the opportunity to address issues like safe sex practices, positive relationships, communication and assertion skills, and the effects one's behavior might have on another person. If a resident arrives at Safe Haven intoxicated and/or high, the staff might allow the resident to enter as long as she is calm, or enter to sleep, and address substance abuse issues later when the resident is sober.

Safe Havens can use rules to instill hope for and progression toward more independent living.

5. Rules provide a safety net for residents. It is critical to the well being of the residents that a Safe Haven be truly safe. Many residents lack social and communication skills, and rules, such as those prohibiting guests in the building and residents in other residents' rooms, allow for a safety net. The resident can fall back on "the rule" and feel less pressured by peers or situations. When a rule is violated and safety threatened, staff should intervene immediately.

Communicating Rules to Residents

Rules should be presented in a simple, positive, and culturally appropriate manner so that residents can understand them regardless of their current mental status or language ability. Rules can be communicated to residents in a variety of ways. Outreach staff can begin to go over rules and expectations with potential residents before they move in. As part of a move-in orientation process, residents read or hear the rules again, and acknowledge by signature that they understand them. The orientation paperwork, however, should be kept to a minimum to avoid a sense of formality and intrusion. Within the building, resi-

dents can get visual reminders of the rules by viewing them posted on bulletin boards, in their rooms, in common areas, etc. Verbal reminders also help. This can be done on a one-to-one basis by residential and/or case management staff; during house meetings; and on a more formal basis, such as in conferences with staff during discussions of rule infractions. When appropriate, and whenever possible, residents participate in their own goal-setting and planning ("treatment plan," "care plan," etc.). During these discussions, residents receive feedback regarding rules, how they're doing with them, and what kind of consequences they can expect should there be further infractions.

Different levels of rules at some Safe Havens may require different responses. Infractions of rules addressing safety, such as violence or possession or use of weapons, will result in an immediate and more consistent type of response. It's helpful to start with general house rules and then get more specific with individual residents on a case-by-case basis. Language other than "rules" may be used, such as "house customs," "goals" or "rights and responsibilities." General rules that pertain to issues of safety, cleanliness, and privacy might be presented in the following format.

"Please help keep Safe Haven"

RESPECTFUL, by not swearing, stealing, or pressuring anyone (this includes sexual pressure);

PEACEFUL, by not bringing in weapons, fighting, or hurting anyone;

CLEAN, by not eating in rooms or smoking in the building, and by keeping yourself and your room clean;

SUBSTANCE FREE, by not bringing drugs, alcohol, or paraphernalia into the building;

SAFE & PRIVATE, by not bringing guests into the building, or having other residents in your room;

FAIR, by limiting phone calls to five minutes; and

NEIGHBORLY, by not hanging out in front of the building or littering.

(House rules from Safe Haven Honolulu)

Responding to Rule Infractions

The degree of flexibility with rules will vary from region to region due to the availability of programs and services. In areas where a Safe Haven is the only resource for the targeted population, rules may need to be more flexible to provide a safe home to a broader group of people with more diverse needs. In locations where there is a broader spectrum of services, a Safe Haven can be less flexible, accept a more limited group of people, and refer people with complicated needs to a more appropriate setting. Furthermore, in areas with colder climates, the development of rules and consequences for infractions will need to reflect the weather. For example, at Safe Haven Honolulu, a resident may be asked to leave the building for four or more hours when a particular rule is broken. However, this may not be possible in New York in winter. Staff in colder climates need to be more creative and/or careful when establishing consequences to enforce rules.

Safe Haven rules should be flexible, because what is beneficial for one resident may be counterproductive for another resident.

The general approach to rule infractions and subsequent intervention is based on the value placed on a reward rather than punishment philosophy, as mentioned. Many Safe Haven staff members have worked in psychiatric institutions, hospitals, and other programs that tend to be consequence and control-oriented. Safe Haven residents have typically failed in these programs. Therefore, staff are encouraged to be creative, to acknowledge client strengths, to incorporate client goals and ideas into interventions, and use a reward philosophy whenever possible.

Exemplary outreach staff typically spend months engaging clients with the use of positive regard, incentive items and services, working with client-perceived needs, using effective communication, and letting the client determine the pace when possible. These strategies must continue when the same client moves into a Safe Haven, and must be valued and implemented by all staff.

Safe Haven rules should be flexible, because what is beneficial for one resident may be counterproductive or harmful for another resident. At Safe Haven Honolulu,

for example, a woman who had been assaulted on the streets for several years finally feels comfortable enough to move in. Staff will be more lenient with her, initially, about rule infractions, such as smoking in the building. The intent is to be able to continue to engage her with less of a sense of staff intrusion and program structure, thus preventing her return to the streets. However, there should be consistency with individual clients.

There should be different levels of intervention if a resident violates a rule. They are listed here in the order of serious to minor infractions.

Immediate response. If there's a need for immediate attention, on-site staff respond to emergencies: voluntary admission to a psychiatric or substance abuse facility; involuntary transportation via the legal system to hospital emergency rooms, 911 calls (police, fire, ambulance), asking a resident to leave the building for a period of time to cool off, using other de-escalation techniques, etc. These involve issues of immediate safety like medical/psychiatric/physical building emergencies.

Unscheduled/Urgent Care Plan Team response. Safe Havens should have Care Plan Teams for each resident that consult with each other as to the appropriate response when learning of an infraction of a moderate to serious nature. (At Safe Haven Honolulu, the Care Plan Team is comprised of a psychiatrist, psychiatric nurse, medical nurse, residential coordinator, clinic coordinator, rehabilitation specialist, as well as the case manager and residential assistant assigned to each resident.) At Safe Haven Honolulu, a resident who has a problem with inhalants and who smokes, accidentally started a small fire in her room. The Care Plan team consulted and came up with the following plan: the resident must turn in her cigarettes at the front desk, and may only smoke outside. Staff would also confiscate paint-laden purses/clothing, etc., to avoid further fire hazards and part of her allowance is contingent upon maintaining ongoing, supportive substance abuse counseling.

Scheduled Care Plan Team response. When events can wait until the scheduled Care Plan Team meeting, staff and, whenever possible, the resident come up with a plan to address patterns of rule violations. This usually begins with the least intrusive, yet safe, intervention and gets more stringent as the pattern continues. The team along with the resident may develop a "standing order" for particular infractions. If a resident can expect a consequence the enforcement of that consequence is more likely to be successful and may help to deter the behavior in the future. For example, a resident knows ahead of time that every time he throws a plate of food in the dining room, he'll be asked to leave the building for four hours.

Resident Rights

The following rights should be incorporated into any Safe Haven:

- Right to participate in goal-setting, treatment planning, monitoring, and discharge planning.
- Right to voice concerns.
- Right to participate in decisions regarding medications.
- Right to refuse medication and to refuse to participate in "therapeutic treatment" or activities.
- Right to choose health care providers.
- Right to dignity and respect.

Tenant rights. Tenant rights are an issue that may be more of a concern if residents pay rent. Some Safe Havens do not charge rent, while others charge one-third of a resident's income (if he or she has an income) and/or a nominal program service fee. Most existing Safe Havens do not incorporate tenant rights because of the difficulty associated with the eviction process and other potential legal entanglements. Basic Accommodations, in Canton, Ohio, incorporates tenant rights because they underscore the program's emphasis on the universal rules of rental housing. They use a standard lease as well as a housing plan that is adapted to meet Safe Haven needs.

Tenants are required to meet three obligations to: (1) respect neighbors, (2) respect property, and (3) pay rent on time. Infractions of these tenant obligations result in a landlord-tenant-based response rather than a treatment-based response, including restitution for damage, tenant council discussions, and referral to support persons who might assist with further damage prevention. This includes building staff, a case manager, or a community support provider.

Areas of Concern: Rules Regarding Sexual Activity and Drug Use

Sexual Activity. Most Safe Havens do not allow residents to engage in sexual activity, to exhibit "public displays of affection," or allow guests of either gender in their room. One reason for this is that many residents, both male and female, have been victims of sexual abuse or assault. A Safe Haven in Madison, Wisconsin, states that 100% of their female residents have been sexually assaulted and many male residents have sexual boundary issues.

Safe Haven Honolulu was initially less stringent on sexual activity, so as to promote residents' self-determination. However, when females were observed disassociating when someone was fondling them, and when these same women began to decompensate as a result, they changed this policy. Safe Haven Springfield does not allow sexual activity because of the inability to monitor issues of consent and degrees of trauma. Both Safe Haven Springfield and Safe Haven Honolulu feel that if a couple wants to engage in sexual activity, staff may want to evaluate whether or not one or both are ready for independent living. NOVA/Safe Haven in Phoenix reports that while there is some truth to the statement that disallowing sex on site is "just moving it," some residents are not capable of giving informed consent. Residents, whether male or female, who have difficulty setting limits with others, have the support of knowing this rule is in place and they will not be "strong-armed" while at the facility.

Alcohol and drugs. Because they receive government funding, Safe Havens cannot allow any illegal drugs on the premises. While alcohol consumption is legal, most Safe Havens do not allow alcohol use on site because of the large percentage of residents who are dually diagnosed with substance use issues. Some Safe Havens feel that it is acceptable for residents to use substances and remain in the program, as long as it is not on site. Safe Haven Honolulu and NOVA/Safe Haven in Phoenix allow intoxicated individuals to enter the building as long as they are calm. Safe Haven Springfield allows intoxicated residents to enter, but assesses for risk and may refer the individual to a detox facility or emergency room. Safe Haven Madison does not allow anyone in the house who is drunk or high. If they show up in this condition, they are referred to a detox facility.

Safe Havens need to consider whether they will be a "dry," "damp," or "wet" facility. While Safe Havens do not assist or support residents in using alcohol or illegal drugs, some may have chosen to work with their residents toward a better understanding of their substance use and toward abstinence or reduced use and dependence. When Safe Havens have adopted such an approach with their residents, a consistent set of principles emerges for working with the resident:

- a non-judgmental and respectful approach;
- helping residents to identify harmful effects of drug and alcohol use and the benefits of decreasing and/or ceasing use;
- exploring alternate patterns of use;
- praising small successes;
- developing flexible plans that address substance abuse issues.

Since many Safe Haven residents do not have insight into the harm of their drug use, Safe Havens should further investigate the use of a "Motivational Interviewing" or "Stages of Change" approach to working with clients. Safe Havens may want to consider training in these models for all residential staff, rather than having one designated substance abuse counselor. Within Safe Havens, the emphasis is on safety rather than a limited focus on violation of rules or laws.

Expectations for a Safe Haven

Expectations appropriate for a Safe Haven include a belief in the clients' capability and that all citizens must have the opportunity to live in, participate with, and contribute to their communities. Expectations of clients vary because client capabilities, needs, and level of trust varies. Expectations should be individualized and based on initial and on-going Care Plans that involve long-term and short-term goals, measurable objectives, and staff interventions. Specific expectations include that:

- clients will move into permanent housing after stabilizing, or if ascertained that a different setting is in the clients best interest, a successful referral will be made;
- the residents' level of insight into their health and mental health needs will improve;
- symptoms will improve, and
- most residents will be able to live fulfilled, safe, and empowered lives within the community.

Over time, Safe Haven residents should have the opportunity to progress and to gradually learn community re-entry skills, including:

- good grooming and hygiene
- communication skills
- anger management skills
- social skills
- laundry/household maintenance skills
- dealing with mental illness, including: diagnosis, symptoms, medication and side effects, "red flags," how to get help when they need it, and how to gain peer support
- to set and monitor goals for themselves
- how to negotiate the public transportation system
- what recreational activities they enjoy and can feel comfortable with
- budgeting skills

Participation in activities is encouraged and reinforced, but not required. As residents progress toward independent living, they should be given opportunities to initiate and participate in activities like cooking, shopping, budgeting, planning social activities, etc. When residents are ready and interested, referrals to activity programs such as a "clubhouse"-type model can be made.

Expectations for Residents

Residents can expect a program to provide a positive, safe environment by:

- giving honest, fair, and respectful treatment;
- developing a sense of trust;
- being flexible;
- advocating on the residents' behalf;
- offering fun, meaningful and inexpensive activities both within the program and out in the community;
- ensuring their safety; and
- respecting their privacy.

Residents can expect that Safe Haven staff will treat them with unconditional respect, and help them exercise power and self-determination by involving residents in decision making and in the monitoring of services and treatment. Staff allow residents to set the pace of their progression. Therefore, standard limits for task completion are avoided.

Safe Haven staff are expected to help with clothing, toiletry items, mail and phone services, showers, laundry, etc. They are expected to provide healthy food and assist with the provision of special diets, culturally appropriate foods, and special requests. Staff are also expected to monitor resident's physical and mental health and offer assistance and care accordingly.

Finally, residents can expect that they will be assisted in living a fulfilled and high-quality life, however they define this, through staff providing teaching, support, optimism, and encouragement. Staff will also be expected to assist residents with: independent housing whenever possible, outpatient mental health care, quality health care, meaningful activities and relationships outside of the "homeless mentally ill" service-provider network, while providing effective and comprehensive individualized services.

Atmosphere of Expectation

Before residents move in, the outreach workers, case manager, or whomever is the referral source, should let the client know that Safe Haven is transitional and that they will be expected to move on when they're ready.

- When they are first engaged and move in, residents are given time to settle in and get into the routine of taking care of themselves with the goal of independent living.
- Staff must be oriented to an atmosphere of expectations (specific interventions as they relate to goals and expectations are written into a resident's Care Plan).
- Residents meet regularly, on an informal basis, with assigned staff. Together, the staff and residents explore progress in completing various tasks.
- Promote upbeat, lively, fun atmosphere...using humor to motivate people.

At Safe Haven Honolulu, residential assistants on each shift are assigned four to five residents. Depending on that resident's Care Plan, they may work with them on cleaning their room, doing laundry, attending Narcotics Anonymous meetings, participating in rehabilitation/ recreational activities, etc.

Atmosphere of Trust

The key to a Safe Haven promoting an atmosphere of trust is engagement. Engagement strategies start at outreach, and carry over into residency. With a sense of trust, clients and residents are more likely to try new ideas, to listen to encouraging words, to feel secure, to try medicine, and to start developing relationships with other people.

Starting with outreach, residents are able to make a connection with a familiar face. In some settings, outreach staff also work within the Safe Haven building, so there is already one identified staff person that the client has known for a period of time. Outreach staff can also provide valuable referrals because they are already linked to clients who are more likely to try Safe Haven if they are referred by someone they trust.

As stated previously, specific engagement strategies that work include:

- treating people with positive regard
- working with their perceived needs
- providing incentive items and services
- letting clients set the pace whenever possible, and
- communicating effectively

Active listening on the part of Safe Haven staff will also promote a sense of trust. This can be accomplished by listening to concerns, complaints, ideas, suggestions, and by encouraging residents one-on-one and in group discussions. Staff can foster trust by demonstrating values of honesty, respect, and fairness in all facets of interaction.

Staff will find that if they de-emphasize mental illness initially, never force medication, and include residents in decision-making about their medication (and start them on a low-dose strategy), clients will be more trustful. Mental health issues can be addressed slowly and gradually as a resident's insight into his or her mental illness increases.

Finally, by respecting clients' privacy and personal space, staff will be viewed as trustworthy. This includes respecting private mail and phone calls, knocking on doors, not entering without permission (unless there is concern or a case of emergency); not being overly intrusive, and by backing off when clients don't want to talk or engage.

Resident Role in Developing and Applying Program Rules

Philosophy. Residents should be involved in rule development from helping to set and monitor rules to resolving some issues on their own. This reflects the Safe Haven values/mission: Safe Havens need to be flexible, adaptable to resident's changing needs, and open to programmatic improvement through change efforts. If something doesn't work or make sense, change it. Residents are asked to participate in the ongoing development and monitoring of rules. It facilitates their ownership of the rules and increases the likelihood of success. In several Safe Havens, residents propose tougher rules for themselves and for each other than those developed by the staff. Staff will

need to moderate discussions with residents and may need to advocate and hold firm to more liberal guidelines.

Monitoring mechanisms. These can include, but are not limited to: weekly residents' meetings; a house policy council; peer monitoring in which residents monitor each other and advocate for each other once they feel a sense of pride/ownership; a suggestion box; Care Plans; and individual discussions.

Facility Design

The design of a facility can support effective monitoring of rules and create a safe environment.

Site selection. Many Safe Havens may not have the luxury of selecting their site -- either the location or the specific building -- and may encounter significant community-based obstacles in their efforts to do so. They may not be able to afford major renovations, or not be allowed to do them because they are in a lease rather than ownership situation. Many Safe Havens may need to make the building work for them either permanently or until renovation monies can be secured.

Safe Havens need to be flexible, adaptable to resident's changing needs, and open to programmatic improvement through change efforts.

Safe Haven Honolulu, located in an urban setting, is several blocks from downtown Honolulu's drug and prostitution activities. The location is excellent for engaging clients in the area, but the proximity to such a high drug area can be detrimental for them in the long run as they attempt to become clean and sober.

Safe Haven Honolulu is a three-story, historic building with 25 individual rooms on two residential floors. The main floor holds the screening room/case management office, reception area, dining and activity area, kitchen, and clinic. Office and storage space, a smoking lounge, and meeting area are located on the residential floors, main floor and basement. An additional two rooms are used for clients in need of one-on-one supervision or respite services.

Specific Building Issues

Facility design should support compliance with rules. Some of the specific building issues that can support rule compliance include: front desk/monitoring, gender-separated quarters, a communications system, private space, and safety mechanisms.

Front desk/monitoring. When guests and clients first enter Safe Haven, they are warmly greeted at the front desk. Safe Havens with private rooms may consider having residents pick up their room key at the front desk and turn it in when they leave. Some clients, as part of their Care Plan, may need to empty their pockets or leave their bag at the front desk. Cigarettes and quarters for laundry may be distributed here.

The front desk should be staffed by trained residential personnel who can intervene when clients enter and leave. They may suggest that a client change soiled clothes or put on shoes. If a client needs encouragement to avoid dangerous activity, like drugs, prostitution, or socializing with known predators, the staff member may try to distract him or her with a card game or some other activity, or at least indicate the hope to see the client return.

Gender-separated floors. Some Safe Haven clients have difficulties with boundaries. Many female clients have been victimized by men and are afraid of them. Separating genders can help clients learn how to set boundaries.

A communication system. There should be a simple, reliable in-house communication system, particularly with a way to signal other staff when help is needed in a certain part of the building. Safe Haven Honolulu calls a "code one" over intercom speakers in the phones.

Private space. Private rooms are more desirable than shared rooms. At Safe Haven Honolulu, private rooms are an advantage for clients who are paranoid or have difficulty setting limits with others. They may also occasionally need to yell at their voices or perform certain rituals that make them feel safer, and they can do this in the privacy of their room. Private spaces should never be searched without the knowledge and participation of the residents.

Safety mechanisms. The following safety mechanisms should be considered when designing a Safe Haven facility.

- Limit building entry to one monitored area to ensure that those entering the building are clients.
- Room checks should occur at regular intervals. Safe Haven Honolulu residential staff knock on doors three times per day, at mealtimes. If the person does not answer, staff announce themselves and open the door.
- Residents are told upon move-in that staff will turn off lights or radios if a resident is out of his/her room.
- Buildings should be locked at nighttime. This is safer in some urban neighborhoods. Staff can use their keys and open the door for residents.
- Staff offices should be dispersed throughout the building. This is a passive way to monitor occasional unpredictable client behavior and helps staff blend in with residents.
- Depending on the acuity level of clients, some Safe Havens may consider using security mirrors, "hospital" door hinges, Plexiglas instead of glass and other safety devices. As this can be costly, changeover can occur as things are broken and are being replaced, or a few "safe" rooms may be set aside for clients who need them. Whenever possible, creative, homelike alternatives should be used, rather than bars. For example, a window box makes exiting through the window less compelling.
- The exterior of the building should fit in with the neighborhood. There should be places for clients to sit that are not directly in front of the building, to avoid giving neighbors the idea that the project is a "magnet." Many programs have an inviting atrium or lounge where clients can sit, as well as outdoor or indoor smoking areas.

Other Desirable Features

1. Qualified staff and non-hierarchical staffing. (i.e., a team-based approach).
2. Comprehensive staff training, such as, de-escalation, dual diagnosis, involuntary psychiatric evaluations, etc.
3. Staff support and/or clinical consultation in dealing with difficult clients.
4. On-call staff in case of medical/psychiatric emergencies.
5. Resident leaders.
6. Good relationship with neighbors.
7. Community presence.
8. An investment on the part of local business people, consumers, and service providers, such as an advisory council or board.
9. Collaboration between service providers: emergency shelters, mental health centers and agencies, and hospitals.
10. The involvement of consumers on an Advisory Council and on staff.
11. A broad spectrum of permanent supportive housing in the community.
12. A communicated sense that Safe Haven is a home rather than a shelter or institution.

Summary

Safe Havens will need to have a set of house rules to promote resident and staff safety and a sense of expectation that will result in a smooth transition into permanent housing. Program rules can make or break the success of a Safe Haven. If rules are too strict, clients who have been chronically homeless and have a serious mental illness are unlikely to succeed. By presenting simple, positive rules and allowing for flexibility and a respectful response to infractions, staff can significantly help residents progress during their stay at Safe Haven.